

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018591

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 108

FILED MAY 21 1962

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Gen. Del.</u>		d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Schroepfer</u> Last <u>Schroepfer</u>		4. DATE OF DEATH Month <u>May</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/26/1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm Neier, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick Schroepfer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hoelscher</u>	
14. NAME OF HUSBAND OR WIFE <u>Louise M. Schroepfer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or years of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>70</u>		17. INFORMANT <u>Walter E. Schroepfer, Washington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Old age</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>4:15 P.</u> Month, Day, Year <u>May 17, 1962</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>17 June 55</u> to <u>14 May 62</u> and last saw <sup>him</sup> alive on <u>14 June 62</u> Death occurred at <u>4:15 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. B. Boyd, M.D.</u>		22b. ADDRESS <u>Washington, Mo.</u>	
22c. DATE SIGNED <u>15 May 62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>May 17, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery Washington, Missouri</u>	
23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>		24. FUNERAL DIRECTOR <u>Hebing &amp; Co., Washington, Mo.</u>	
25. DATE REC'D. BY LOCAL REG. <u>5/16/62</u>		26. REGISTRAR'S SIGNATURE <u>Leola C. Hudman</u>	

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lester A. Witt*

Licensed Embalmer No.

*3254*

P. O. Address

*Washington, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.